PTO/SB/06 (12-04)

Approved for use through 7/3 1/2008, OMB 0651-0031
U.S. Peters and Trademark Office; U.S. DEPARTMENT OF COMMERCE

												V Pages	Application or Docket Number				
	Substitute for Form PTO-875 Effective December 8, 2004												10/836,044.				
APPLICATION AS FILED - (Column 1)							(Calumn 2)		SMALL ENTITY			. c	OR SMA		R THAN L ENTITY		
BASIC FEE				HUMBER FILED		NUMBER EXTRA		_]	RATE (n ·	FEE (
(3) CFR 1.16(a), (b), or (c)) SEARCH FEE			ŅVA		N/A			NA		150.0		RATE		300.0			
G	7 CFR 1 16(H), (1). XAMINATION F	or (m))	- N/A			N/A.			N/A		\$250		N/A	N/A		\$500	
(37 CFR. 1.16(a), (p), or (a)) TOTAL CLAMB			N/A		/ NA			NVA		\$100		NA					
(37 CFR 1.16(II)			minus 20 =		s 20 =	•			X\$ 25	-		-	Veco		\$200		
INDEPENDENT CLAIMS (37 CFR 1.16(N)			minus 3 =		•			X100			<u>ا</u> ٥	·		 			
APPLICATION SIZE FEE (37 CFR 1.16(s)) If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).													X200	•		 -	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1))									+180=	T		7	+360	=			
* Mithe difference in column 1 is less than zero, enter "0" in column 2.									TOTAL		•	7	TOTAL			_	
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	(37 CFR 1/10()) Independent	 	20	Minus		90	8	1	X\$ 25	1	, CE (*)	1	X\$50		FEE (1)	_	
	COT CER 1.19(N)	R 1.10(h))		Minus.		3	= 0		X100 _	1		OR	X200	-	7-	-	
₹	Application Size Fee (37 CFR 1.16(s))											OR		-		4	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)									+180=			OR	+360=	十	-	1	
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_	·	(Colu		· .	(Col	umn 2)	(Column 3)		• .				, CD C FEE			┨	
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íL	Independent P7 CFR (.1801)	•		Minus	***		-	ŀ	X100			OR.		<u>-</u> _		1	
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L	FIRST PRESENT		+180=			00	+360=	+		ł							
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• !	l the entry in co	lumn 1 ls	less than t	he entry	In column	2, wile	"O" in column 3.		OD'L FEE	<u> </u>	إلب	Ų r t	ADD'L FEE				
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The Tighest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The Tighest Number Previously Paid For (Total or Independent) is the highest number (ound in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including pathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Dependment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TQ: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.